

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Lopez	Tamara	U.	HILLS CONSERVATION
1. Office, Agency, or Court			THE STATE OF THE S
Agency Name (Do not use acronyms)		·	
Natural Resources Agency			
Division, Board, Department, District, if applicable		Your Position	
Dept.of Conservation/Div.of Oil,Gas&Geothermal Resources		Associate Oil and Gas Er	ngineer
► If filing for multiple positions, list below	ow or on an attachment. (Do not use acro	onyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)	THE STATE OF A POINT AND A STATE OF THE PARTY OF A PARTY OF A PARTY OF THE STATE OF	
State     ■ The state       ■ The state       ■ The state       ■ The state       ■ The state       ■ The state      ■ The state        ■ The state       ■ The state       ■ The state        ■ The state        ■ The state        ■ The s		☐ Judge or Court Commissioner (\$	Statewide Jurisdiction)
Multi-County		County of	
City of		Other	
City of		Otilei	
3. Type of Statement (Check at I	east one box)		
★ Annual: The period covered is Ja     December 31, 2018.     -or-	nuary 1, 2018, through	Leaving Office: Date Left (Check of	ne circle.)
		<ul> <li>The period covered is January</li> <li>-or-</li> </ul>	ary 1, 2018, through the date of
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.	
Candidate: Date of Election	and office sought, if dif	fferent than Part 1:	
4. Schedule Summary (must of Schedules attached  Schedule A-1 - Investments - Schedule A-2 - Investments - Schedule B - Real Property -	schedule attached Schedule attached Schedule attached Schedule	hedule C - Income, Loans, & Busine hedule D - Income - Gifts - schedu hedule E - Income - Gifts - Travel	ess <i>Positions</i> – schedule attached le attached
-or- ⊠ None - No reportable in	iterests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	CITY ublic Document)	STATE	ZIP CODE
3780 Kilroy Airport Way, Ste	,	CA	90806
DAYTIME TELEPHONE NUMBER		AIL ADDRESS	
( 562 ) 424-0202		mara.lopez@conservation.c	
	preparing this statement. I have reviewed is true and complete. I acknowledge this		knowledge the information contained
I certify under penalty of perjury und	der the laws of the State of California t	hat the foregoing is true and corre	ect.
Date Signed 3/29/2019	Signa	ture Samana	( Xus
(month, day, y	•		statement with your filing official.)